MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

		675	CERTIF	ICAT	E OF DEATH	Н		Reg. Dist.	07%	3
	LACE OF DEATH COUNTY Calvert		MARYL	[]	USUAL RESIDENCE (WI				before adm	
t	CITY OR TOWN (If outside corporo RURAL ond give nearest town)	ite limits, wri	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (IF	outside corpo	rote limits, write RU	RAL and giv	a nearest to	wn)
	West Beach		15 yrs.		X West Be	ach				
•	I. NAME OF HOSPITAL (If not in hosp OR INSTITUTION	pital, give str	eet address)		d. STREET ADDRESS				ON	RESIDENCE I A FARM?
- 1	AME OF DECEASED Type or print) MALCOI	First	JOSEPH	В	OWEN	4. DATE OF DEATH	June 5		Doy	Yeor 19 60
5. 5	Male 6. COLOR OR		ARRIED NEVER MARRIED		August 22,	1890			YEAR IF UN	DER 24 HRS.
100.	USUAL OCCUPATION (Give kind of	work done		INDUSTRY	11. BIRTHPLACE (Stote	or foreign co		12. CITIZI	EN OF WH	AT COUNTRY?
	during most of working life, even if reman - State Ros	refired)	Retired		Maryla			υ.	S. A.	
	ATHER'S NAME			1	4. MOTHER'S MAIDEN I					
J	osephesus Bowen				Rosa Jan	e Irel	and			
	WAS DECEASED EVER IN U. S. ARME		16. SOCIAL SECURITY NO.	17, INFO			Addre	15		
(no		216-18-5667	Mrs	. Olive Boy	ven,	West Beach	h, Mar	yland	15
	18. CAUSE OF DEATH [Enter only	one cause p	er line for (a), (b), and (c).]		-		1		INTERVAL ONSET AN	BETWEEN
	PART I. DEATH WAS CAUSED	D BY:	acrion.	in	1 Olon	uerel			ONSET AN	ID DEATH
	/SIX o	UE TO		/					-	
	Conditions, if ony, which	(b)								
	gave rise to immediate couse (o), stoting the under	UE TO								3 3 3 3 3
	lying cause lost.	(c)								
CERTIFICATION	PART II. OTHER SIGNIFICANT	T CONDITION	NS CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERM	INAL DISEASI	CONDITION GIVE	N IN PART 1	PERI	S AUTOPSY FORMED?
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMI	EATH INER) 206.	DESCRIBE HOW INJURY OCC	CURRED. (E	nter nature of injury in	Port 1 or Port	11 of item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Doy Hour o.m. p.m.	w	d. INJURY OCCURRED 2 hile Not while wark ot work	0e. PLACE foctory	OF INJURY (Home, farm, street, affice bldg., etc	n, 20f. (City	or town)	(Cou	inty)	(Stole)
	21. I certify that I attended	d the deci	eased from $2-8$	A	, 1945, to 4	Jun	1960	that I la	st saw th	e deceased
	alive an 4 Hours	, 1	960_, and that d	leath ac	curred at 53.4		the causes an			
	Only?				- N 1	ADDRESS (SI	reet, city or town, st	lote)		DATE SIGNED
	ACTUAL SIGNATURE	00-		M.D.	Herela	ca Ul	2		4/6/	60
	PHYSICIAN'S	Weems Borge	J. Weems,	Hunt	ingtown, Ma	rylan	a			
220	BURIAL, CREMATION, 22b. DATE TO	HEREOF	22c. NAME OF CEMET	ERY OR CE	EMATORY	22d. LOCAT	ION (City, town, or	county)	(51	tote)
	Burial 6/7/60		Lower Mar	lbore	Church Cer	Lo	ver Marlb	oro. V	arvla	nd
23.	SUMERAL DIRECTOR'S SIGNATURE	01	/ ADDRESS	Ma mr]		D BY REGIST				
A	alchino Tunes	LAY IT	ancowings,	Maryl	DATE JI	IN 9 '6	60 0	1. 9 9	4	

may be it led by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please permane carbon papers. Pages 1 and 2 should be filed with 2 hours the registror prior to burial, cremation, or removal, and in any event within

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

ofter death. Page &

TO HOSPIT

BIT OF MEALTH—BALTIMONE, 18	MARYLAND STATE DEPARTM
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	CHARLES THE TAXABLE PARTY OF THE PARTY OF TH
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

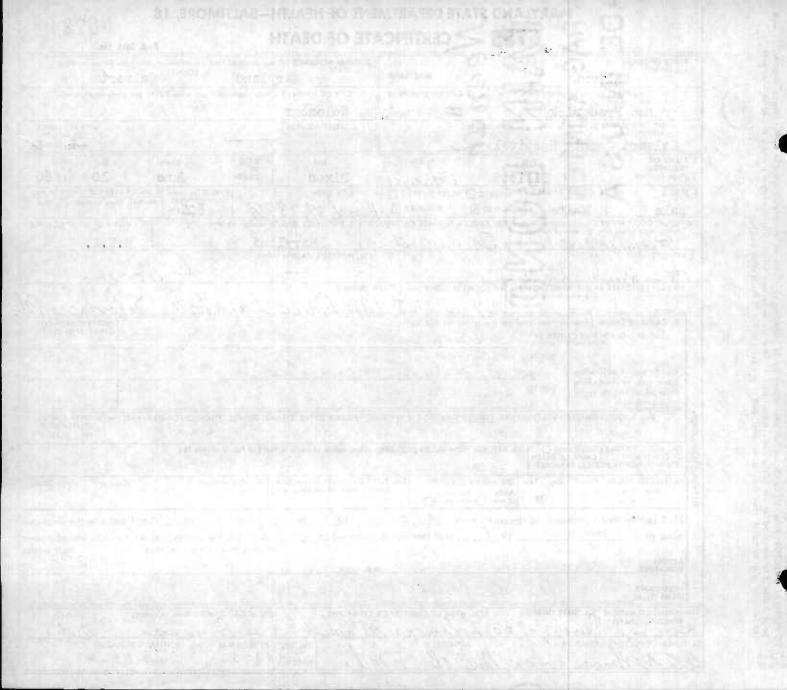
6755 CERTIFICATE OF DEATH

06724

Reg. Dist. No.

o. COUNTY Calvert	MARYLAND	2. USUAL RESIDENCE (Where dece	- h COUNTY	
b. CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest town) Prince Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	proporate limits, write RURAL and gi	ve nearest town)
d. NAME OF HOSPITAL (If not in hospital, give strong in Institution Calvert County Hospita	eet oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
3. NAME OF First (Type or print) Elliot		Dixon 4. DAT		Doy Yeor 10 19 60
The state of the s	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BURTH Mayor 27 1879	Land bringh days to the	YEAR IF UNDER 24 HRS. Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME		Maryland 14. MOTHER'S MAIDEN NAME	n country) 12. CITIZ	ZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. 1 219-16-2358	Ma Marie La	Address San	lamore Bot
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. Conditions on the couse (b) DUE TO PART II. OTHER SIGNIFICANT CONDITION	Urema	Hemmhag	EASE CONDITION CIVEN IN DADY	ONSET AND DEATH
I C V		D. (Enter noture of injury in Port 1 or		PERFORMED? YES NO
Hour o.m.		ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	City or town) (Co	ounty) (Stote)
21. I certify that I attended the dece alive an	lances	occurred at 20 M, fr	ram the causes and an the (Street, city or town, state)	ast saw the deceased e date stated abave. DATE SIGNED
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	RIZEH ((City, town, or county)	
Benoval (Specify) June 13 196	O Aslamona	retholist &	Momons	md.
a.a. Harkness - for,	mutual, 2	ndo DATE JUN 1 5		

ofter death: Page 4 **D FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registror prior to burial, cremation, ar removal, and in any event within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has TO FUNERAL D TO HOSPITA VS A15 (4) 15M 10/57



VS A15 (4) 15M 10/57

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	1	8

6756

CERTIFICATE OF DEATH

06725 Reg. Dist. No.

1.	PLACE OF DEATH				2. 1	USUAL RESIDENCE. STATE	E (Whe	re deceased			n: Residence	before ad	mission)
	Calve	rt		MARYLAND		Maryland	1		b. co	alv	ert		
	b. CITY OR TOWN (If RURAL and give nee	prest town)		c. LENGTH OF STAY IN 16	Y	c. CITY OR TOW	N (If ou	tside corpo	rate limits, w	rite RUI	RAL and give	e nearest (town)
-		Frederick.				Huntingt		, Md.					
	d. NAME OF HOSPITA			oddress)	1	d. STREET ADDRI	ESS	141				0	RESIDENCE N A FARM?
	Calvert Co				11 "							TES	NO
1	NAME OF DECEASED (Type or print)	Leroy		Middle L		Lost		4. DATE OF DEATH	June	Month 8		Doy	Year 1960
5.	SEX			RIED NEVER MARRIED	8. DA	TE OF BIRTH	100		9. AGE (In)	rears 1	FUNDER 1	YEAR IF U	NDER 24 HRS
	Male	Negro	WIDOW	ED DIVORCED	10	1-2121			lost birth	day) yrs.		6 Hou	urs Min.
100	during most of worki	N (Give kind of working life, even if retired	dane 10b.	KIND OF BUSINESS OR INDU	ISTRY	11. BIRTHPLACE Md.	(Stote o	r foreign co	ountry)			USA.	HAT COUNTRY?
13.	FATHER'S NAME				14.	MOTHER'S MAI	DEN NA	VME .					
	Herbert	Hall				Bernice	e Je	ffers	on,				
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	NFOR	MANT				Addres	51		
[Ye	s, no, or unknown) (I	f yes, give war or dates of s	ervice]		Ren	nice Jef	ffor	con	Huntir	acto	arm M	d -	
=	No				Der	TITCE SET	1161	3011,	HOLLOTI	18 00	, III 6 III		
			use per li	for (o), (b), and (c).]							11111	ONSET A	ND DEATH ,
	PART I. DEAT	H WAS CAUSED BY:	1/0	neun	11	0.1							
Н	4 35	DUE TO											
	Conditions, if an	y, which)										112	
	gove rise to im	mediate (,				-						
	lying couse lost.	he under-									HE'S		
z) (c		CONTRIBUTING TO DEATH BUT		DEL 1250 TO THE	2501111					- In	
12	PARE II. OTH	ER SIGNIFICANT CON	DILIONS	CONTRIBUTING TO DEATH BUT	NOI	KETATED TO THE	TERMIN	IAL DISEASI	CONDITIO	N GIVE	N IN PART I	(o) 19. W	REORMED?
15												YES	□ NO □
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCCURRE	D. (En	ter nature of inju	iry in Po	ort I or Port	Il of item 18	3.)			
MEDICAL	20c. TIME OF INJURY	Month, Day, Yes	or 20d. II While	NJURY OCCURRED 20e. Pt	ACE C	OF INJURY IHome street, office bldo	form,	20f. (Cily	or town)		(Cou	unty)	(Stote)
ME	p. m.	19	ol war					1/2		, .			
	21. I certify the	at Lattended the	deceas	ed from E -1		, 1950, to	6	187	19	6	that I las	st saw t	he deceased
	alive on a	105	19/0	O, and that death	000		1	M from	the cour				ated abave.
									reet, city #t			dule 31	DATE SIGNED
	ACTUAL SIGNATURE	1110	21	1101		d/ -		111	2/		,	61	10/4
	SIGNATURE	1			M.D.	Marie	12	3-12	Garage	set-	7		1900
	PHYSICIAN'S	/						10					
			ems,	M.D.		Huntin	ngto	wn, W	d.				
220	BURIAL CREMATION REMOVAL (Specify)	, 22b. DATE THEREC	10	22c. NAME OF CEMETERY C	R CRE	MATORY		22d. LOCAT	ION (City, to	own, or	county)	(Stote)
-		16-10-	60	Laluyen				Hu	men	CI LVT	Ш		md
23.	FUNERAL DIRECTOR'S	SIGNATURE	0	ADDRESS				BY REGIST		REGIST	RAR'S SIGN	ATURE	
	15.5	ewell	. Va	ma J-reder	ick	DAT	IE JU	N 13'	60	Cir	Thun S.	thous	
-	2064	426	XL	13)								

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					L. C. An	

TO HOSPIT

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6757 **CERTIFICATE OF DEATH**

66726

Reg. Dist. No.

1.	o. COUNTY				2. USUAL RES	DENCE (Wh	ere deceased		on: Residen	ce before	odmission)
_									0	200 1 - 20	
	B. CITY OR TOWN (IF RURAL and give ne	outside carporate limi arest lown)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If a	outside corpore	ote limits, write RI	JRAL and	give neare	st town)
-				8 days	X D	unkir	k				
	d. NAME OF HOSPITA				d. STREET	ADDRESS				e.	
		Calvert C	ounty	y Hospital							YES NO
3.		Fie	st	Middle	Lo	st	4. DATE	Mont	th	Day	Year
	(Type or print)			E.	Haw	kins	DEATH	Jui	ne	23	1960
5.	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. DATE OF BIRT	H	9	. AGE (In years			
1	Male	Negro	WIDOW	ED DIVORCED	8- 7	116	910) O yes.	Manths	Days I	Hours Min.
10	o. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHP	LACE (Stole	ar fareign cou	intry)	12. CIT	IZEN OF	WHAT COUNTRY
	-		,		Ma	mr] and	d			II.S.	
13										0.0	
	Rencon	Hawkin	e		Δ	lice V	Natkins	2			
15	. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.		1100	TO OILLIAN		ess		
I IV	D. COLINY Calvert MARYLAND Maryland C. CITY OR TOWN II outlide corporate limit, write C. LENGTH OF STAY IN 16 D. CITY OR TOWN III outlide corporate limit, write RURAL and give necessal form) Prince Frederick A CALVERT County Hospital A STREET ADDRESS Let S SESIBENCE ON A FARMI TOWN III Outlide Corporate limit, write RURAL and give necessal town) Drince Frederick A CALVERT County Hospital A STREET ADDRESS Let S SESIBENCE ON A FARMI TOWN III Outlide Corporate limit, write RURAL and give necessal town) A NAME OF DESCRIPTION Model Lot ON A FARMI TOWN III Outlide Corporate limit, write RURAL and give necessal town) Drince Frederick A CALVERT COUNTY Hospital Let S SRESIBENCE ON A FARMI TOWN III Outlide Corporate limit, write RURAL and give necessal town) Lot STREET ADDRESS Let S SESIBENCE ON A FARMI TOWN III Outlide Corporate limit, write RURAL and give necessal town) Lot STREET ADDRESS Let S SESIBENCE ON A FARMI TOWN III Outlide Corporate limit, write RURAL and give necessal town) Lot STREET ADDRESS Let S SESIBENCE ON A FARMI TOWN III Outlide Corporate limit, write RURAL and give necessal town) Lot STREET ADDRESS Let S SESIBENCE ON A FARMI TOWN III Outlide Corporate limit, write RURAL and give necessal town) Lot STREET ADDRESS Let S SESIBENCE ON A FARMI TOWN III Outlide Corporate limit, write RURAL and give necessal limit, wr										
-		TH [Enter only one co	use per li		Tall I	<u></u>		Duint.	LA DE		VAL BETWEEN
		H WAS CAUSED BY:	/	(c), (c), (c), and (c).	The	.ha					AND DEATH
	2000			~ conary	y un	2002				-	unus
	2311		,	D. 200	2000	1				1	>
		nmediate		Maber	mexa	ues	-			-	~
	cause (a), stating t	he under-		Olalla	al L	4.	1			-	& day
Z				CONTRIBUTING TO BELTIL BUIL	70	un	ning			1	
18	PARI II. OIH	EK SIGNIFICANI CON	DITIONS	ONTRIBUTING TO DEATH BUT	NOI KELAIED IC) IME LERMI	NAL DISEASE	CONDITION GIV	EN IN PART		PERFORMED?
5	20- 4 CCIDENT WAY		001 055	COLOR MANAGEMENT						Y	res No K
ERTI	OR CONTRIBUTING	CAUSE OF DEATH	200. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of	if injury in F	ort I or Part I	l at item (B.)			
1			1								
MEDICAL								ir tawn)	(0	County)	(State)
ME	p. m.	19				0					
	21. I certify the	at I attended the	deceas	ed from Muss 1.	5 , 19(0)	Dio p	me 2	3 1968	that I	last saw	the decease
	alive an	une	, 19	and that death	occurred at	Gm	M. from				
	1	12	/							e date	
	ACTUAL SIGNATURE	(1Cd1	1/16	Inner !	M D		57	Len	nas	2	6/25/
		2	> /	1	-3						
			de	EDICCOR	かもまし	-					
22	BURIAL CREMATION	N, 22b. DATE THEREC	F	22c. NAME OF CEMETERY O	R CREMATORY		22d. LOCATIO	ON (City, town, a	r county)		(State)
	CALVERT CAL										
23	FUNERAL DIRECTOR'S	SIGNATURE	(ADDRESS		240. REC'I	BY REGISTR	AR 24b. REGIS	TRAR'S SIC	SNATURE	- FACT
	PES0	well Pr	100	2 Vredoni	*	DATE J			rthur I	8. Kines	ul.
4			T V	Add	. / /	100	mer and and and and and				

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			PART SHEET IN
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			District of the
			Towns of the
			I Downstraffe (2)
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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06727

Female White WIDOWED DIVORCED June 13, 1889 Total birthdoy) Months Days Hours Min.												
a. COUNTY	alvert		MARYLA		- CTATE							iion)
b. CITY OR TOWN (RURAL and give n	If outside corporate lim earest town)	its, write	c. LENGTH OF STAY IN	1 1b	\/		tside corpo	rote limits, write R	URAL on	d give ne	arest town	n)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital,	give street	3 mo oddress)								e. IS RES	SIDENCE FARM?
	county Hosp	ital									YES	NO 🔼
3. NAME OF DECEASED (Type or print)		rst		HUT			OF			D		. 60
5. SEX Female		- WAR				188	9	last birthday)				~
during most of wor	ON (Give kind of work king life, even if retired	done 10b.						ountry)				COUNTRY
13. FATHER'S NAME			00000			V				0. 0		
Plumme	er Ward				Susan	Woo	d					
			SOCIAL SECURITY NO.	17. INFO	RMANT			Add	ress			
No	(1.) (1.) (1.)	×	13-38-4796	M:	lss Mary	dell	e Dor	sey O	wing	s, Ma	aryla	ind
	ATH WAS CAUSED BY:	10.	ne for (o), (b), and (c).]	rond	elec .	ace	reden	of (Her	0-260	INT	ERVAL BE	TWEEN DEATH
	iny, which)	of Ken	umel sto	0-	Well	me	2 /	Deala.	ce		14	all
couse (a), stating		0 1	Deaple)	ille	Cit	000				5 4	lea i
PART II. OT	HER SIGNIFICANT CON	NDITION'S C	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO TH	E TERMIN	IAL DISEAS	E CONDITION GIV	EN IN P	ART 1(0)	PERFC	RMED?
	AS UNDERLYING DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (inter nature of in	jury in Po	ort I or Par	t II af item 1B.)				
Hour a.m.		While	_ Not while _	0e. PLACE factory	OF INJURY (Hom , street, affice blo	ne, form, dg., etc.)	20f. (City	or town)		(County)		(Stote)
	nat I attended the		-97	<u></u>		- 0						
ACTUAL	2	12.	and that d	leath o	curred at 3			n the causes of treet, city or town,		the do		ATE SIGNE
PHYSICIAN'S NAME (Type)	PAGE C.	JE		M.D	TR	(NI	1E	FPFD	EZ	0/0	10	-2ë-f
220. BURIAD CREMATIC REMOVAL (Specify)	June 25	OF . 196	22c. NAME OF GEMETI	ery or co	mery C	Com	nd. LOCA	UON (City, town,)	or county	1)	(Stot	ind
23. FUNERAL DIRECTOR	is SIGNATURE	ul	Home W	wi	1	o. REC'D	BY REGIST			SIGNATU S. Kus		

TO HOSPITA VS A15 (4) 15M 9/55

v Star 21 emil 12 limb Boscos Penener Lineryland 2 1 1 Can Harydelled Terrico Collage Wilry Line to a reason of the contract of the second of made for his will all the long many in part by the first to begin a first to the country of the MODEL TERM CONTRACTOR OF THE PARTY AND ADDRESS.

BE EFFORM STATE DEPARTMENT OF PEAKLY FAM

TO HOSPITAL

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CHED

CERTIFICATE OF BEATH

06728

0739	CERTIFICA	ATE OF DEATH	Reg. Dist. I	No.
1. PLACE OF DEATH O. COUNTY Quivert	MARYLAND	2. USUAL RESIDENCE (Where deceased I o. STATE	lived. If institution: Residence b	efore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporo	te limits, write RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in Mospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle	Last 4. DATE OF DEATH	Month 6	Day Yeor 3 1960
S. SEX 6. COLOR OR RACE 7. MARR	The Contract of the contract o	B. DATE OF BIRTH Proces 9	AGE (In years lost birthdoy) Months Doy	AR IF UNDER 24 HRS. 5 Hours Min.
0a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole or foreign cou	ntry) 12. CITIZEN	OF WHAT COUNTRY
3. FATHER'S NAME William Worse	u	14. MOTHER'S MAIDEN NAME!	Johnson	U.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. II	Hormant Bish	Address Del	md
1B. CAUSE OF DEATH [Enter only one couse per light part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	perfor (o), (b), and (c).]	celusión		NTERVAL BETWEEN
Conditions, if ony, which gove rise to immediate	enerolins	arten-sele	ver	
couse (o), stoting the under- lying couse lost. DUE TO				
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE (CONDITION GIVEN IN PART 1(0	19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I or Part II	l of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. In Hour o. m. While of world	Not while foo	ACE OF INJURY (Home, form, 20f. (City o tory, street, office bldg., etc.)	or town) (Coun	ly) (Stote)
21. I certify that I attended the decease alive an	ed from Mon	occurred at 8-IPM, from	the causes and an the c	saw the decease
ACTUAL SIGNATURE COULLES	ews !		el city or town, stotel	GATE-SIGNE
PHYSICIAN'S NAME (Type)				
129 BURIAL ICREMATION, 226. DATE THEREOF 6-8-60	22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATIO	ON (City, town, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE P. 51 Sawell. P.	ADDRESS V	clerick DATE	AR 246. REGISTRAR'S SIGNA'S CIVILLIAN & 1	

	IMTERNET STATE		
	CERTIFICA		
		, ,	
The second second			

death.

1SM 10/57

S) BROWN AP-	HI And to Tight	MANDE BLATE GUA	LYSAM	
	HIASS 30 BEAD			
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be ation, Reg. Dist. (No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY b. COMNTY o. STATE MARYLAND b. CITY OF TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Mons d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES T NO T registror NAME-OF Middle 4. DATE DECEASED OF DEATH (Type or pr 19 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. WIDOWED [7] DIVORCED T YES. 10a. USUA OCCUPATON (Give kind of work done 10b.) KIND OF PUSINESS OR INDUSTRY during most of working life, even if refired) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 2 6 pe 13. FATHER'S NAME MOY 14. MOTHER'S MAIDEN NAME poges norgan Poges Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause buriol DUE TO (a), stating the underlying cause last. 0 Office OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF VEN IN PART 166/19. WAS AUTOPSY 00 PERFORMED? YES T NO F ner's 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CHENTURY OCCURRED. (Enter nature of Joury in Port I or Part II of item 18.) CAUSE OF Exami 3 should the ward 20d. INJURY OCCURRED 20e. ACCOCK INJURY (Vonte form, While Not while toctor, street, office and etc.) Month, Day, Year 20c. TIME OF INJURY 20f. (City or (County) writing the white Medicol Box: Poge 3 sh Not while at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry , and find that DIRECTOR: F Chief Suicide death resulted from: Natural causes Homicide . Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR forworded re ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER cute th 22g BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, ar county) (State) REMOVAL (Specify) 0 15-60 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Cirlling & France JUN 1 3 '6D DATE 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6762 **CERTIFICATE OF DEATH**

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	748. Dist. 140.				
1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b. COUNTY				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest flown)	c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town)				
St- Leonards	1 St. Leonarde				
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)				
3. NAME OF DECEASED (Type or print) First Middle P.	Strater 4. DATE Month Doy Year Strater DEATH 6 3 1960				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED NO DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Min.				
	Mec. 31 47m.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY WALL LOUIS A				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Smeph Straten	Francou Brown				
	NFORMANT Address				
[14 yes, give wor or dotes of service] 220-07-3208 5	dith Brown St. Leonaads.				
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Limbous				
DUE TO					
Conditions, if any, which) (b)					
gave rise to immediate cause (a), stating the under-					
lying cause last, (c)					
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY				
CATI	PERFORMED? YES NO				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 1B.)				
Hour o. m. While Not while fac	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)				
	The house & Co				
21. I certify that I attended the deceased from.	19 to 19 to that I last sow the decease				
alive on 1900, and that death	The state of the s				
ACTUAL SIGNATURE COUNTRY OF THE SIGNATURE	ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state)				
PHYSICIAN'S RAG VIZUANA	EREVA C				
236. BURIAN CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, lown, or county) (Stote)				
REMOVAL (Specify) 6-6-60 Baroka	JMITICO. And				
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE				
P.I. Jewell, Frince Tro	DATE SHN 8 '60				

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